

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/523889
FILING DATE
APPLICATION

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52	1					
3		1					53						
4	1						54						
5		1					55						
6	1						56						
7		1					57						
8	1						58						
9		1					59						
10	1						60						
11		1					61						
12	1						62						
13		1					63						
14	1						64						
15		1					65						
16		1					66						
17	1						67						
18		1					68						
19	1						69						
20		1					70						
21	1						71						
22		1					72						
23	1						73						
24		1					74						
25	1						75						
26		1					76						
27	1						77						
28		1					78						
29	1	2					79						
30		1					80						
31	1						81						
32		1					82						
33	1						83						
34		1					84						
35		1					85						
36		1					86						
37	1						87						
38		1					88						
39	1						89						
40		1					90						
41	1						91						
42		1					92						
43	1						93						
44		1					94						
45	1						95						
46		1					96						
47		1					97						
48		1					98						
49	1						99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	3	↓		↓		↓
TOTAL DEP.		↖		↖		↖	TOTAL DEP.	49	↖		↖		↖
TOTAL CLASMS		████████		████████		████████	TOTAL CLASMS	52	████████		████████		████████